

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>See Schedule A</td> </tr> <tr> <td>Filing Date</td> <td>See Schedule A</td> </tr> <tr> <td>First Named Inventor</td> <td>See Schedule A</td> </tr> <tr> <td>Title</td> <td>See Schedule A</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Examiner Name</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>See Schedule A</td> </tr> </table>	Application Number	See Schedule A	Filing Date	See Schedule A	First Named Inventor	See Schedule A	Title	See Schedule A	Art Unit	N/A	Examiner Name	N/A	Attorney Docket No.	See Schedule A
Application Number	See Schedule A														
Filing Date	See Schedule A														
First Named Inventor	See Schedule A														
Title	See Schedule A														
Art Unit	N/A														
Examiner Name	N/A														
Attorney Docket No.	See Schedule A														

I hereby revoke all previous powers of attorney given in the above-identified application.									
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.	<div style="border: 1px solid black; padding: 10px; display: inline-block;">051414</div>								
OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> </tr> </tbody> </table>	Practitioner(s) Name	Registration Number		
Practitioner(s) Name	Registration Number								
Practitioner(s) Name	Registration Number								

Please recognize or change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
OR <input type="checkbox"/> Firm or Individual Name		
Address		
City	State	Zip
Country	Telephone	Email

I am the:	
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____	

SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Douglas F Flood</i>	Date	22 May 2012
Name	Douglas F Flood	Telephone	781-302-4192
Title and Company	Vice President LoJack Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/>	*Total of	2	forms are submitted
-------------------------------------	-----------	---	---------------------